



# Unannounced Care Inspection Report

## 23 January 2020



## Hollywood

**Type of Service: Nursing Home**  
**Address: 212 Old Hollywood Road, Hollywood, BT18 9QS**  
**Tel No: 02890426900**  
**Inspector: Caroline Rix**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 71 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Four Seasons Health Care</p> <p><b>Responsible Individual:</b> Dr Maureen Claire Royston</p>	<p><b>Registered Manager and date registered:</b> Violeta Bote - acting</p>
<p><b>Person in charge at the time of inspection:</b> Violeta Bote</p>	<p><b>Number of registered places:</b> 71</p> <p>A maximum of 18 patients in category NH-DE located on the Ground Floor and a maximum of 8 patients in categories NH-MP/MP(E) located in the Dunville Unit. There shall be a maximum of 1 named patient in category NH-PH.</p>
<p><b>Categories of care:</b> Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46</p>

### 4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 09.45 hours to 15.45 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of the previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*1

This inspection resulted in no new areas for improvement being identified. \*The total number of areas for improvement include one partially met which has been stated for a second time and which has been carried forward for review at the next care inspection.

Findings of the inspection were discussed with Violeta Bote, acting manager and Roxana Mitrea, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 20 and 21 August 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 20 and 21 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home on the day of inspection.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Two questionnaires were returned to RQIA. Feedback indicated that all were 'satisfied' that the care was safe, effective and compassionate. One respondent indicated they were 'not satisfied' that the home was well led. The feedback and comments were discussed with the manager following the inspection.

Comments were included as follows;

- 'Quite contented. Laundry staff excellent. Activity leaders very good, provide varied entertainment. Too many agency nurses in the home, would prefer own staff.'
- 'Sometimes there is not sufficient emphasis on meeting social and emotional needs of the individual residents.'

A poster was provided for staff detailing how they could complete an electronic questionnaire; no surveys were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 20 January to 2 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incidents/accidents and notification records
- two staff recruitment files
- two patient care records
- two patients financial records
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports for November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as partially met and met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspections**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> First time	The registered person shall ensure that a record is made of the furniture and personal possessions which each patient brings into the room occupied by them.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified patients had a written record of the furniture and personal possessions they have brought to their room.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that confirmed an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory records had been signed by a staff member and a senior staff member, with the most recent records updated as part of their quarterly process.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records that verified each patient's hairdressing and chiropody service/treatment provided had been signed by both the person delivering that service and a staff member to confirm provided. The associated cost of each service/treatment was fully detailed in each patient record.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records that verified each patient/representative had an individual agreement. Information had been provided to each patient/representative in December 2019 regarding any changes to the individual agreements.</p>		

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44.14</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the provision made for patients who smoke does not impede on the comfort of other patients accommodated in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Discussion with the manager and review of the smoking area indicated that steps have been taken to reduce the effect of smoking by patients adversely affecting other patients in the home. Additional measures are being considered to further reduce smoke from entering bedrooms directly.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that oxygen therapy is delivered to patients in a safe manner in that oxygen cylinders are not left freestanding and that the appropriate signage is in use.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The inspector viewed patient bedrooms where oxygen therapy is delivered. The oxygen cylinders were not left freestanding and the appropriate signage was in use.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that supplementary care records in relation to personal care delivery are consistently completed contemporaneously to reflect actual care given or offered and that the care given/offered is reflective of the patient's care plan.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The inspector reviewed a sample of records that verified each patient's supplementary care records in relation to personal care delivered was consistently completed, was contemporaneously and reflected the actual care given in line with the patient's care plan.</p>	<p><b>Met</b></p>

There were no areas for improvement identified as a result of the last care medicines management inspection.



## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; responses indicated that there was enough staff to help them, although they would prefer less use of agency staff.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

Discussions with the manager, staff and a sample of the home's duty rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager indicated that they are in the process of recruiting two care assistants and one nurse. The manager stated that currently they have adequate staff to ensure the required staffing levels are maintained, with use of agency staff reduced in recent months.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for two staff confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Discussions with staff, patients and a relative, along with observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of two patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

There was evidence of referrals having been made to relevant health care professionals, such as the Crest wound care team and dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and SALT that were regularly reviewed and shared with catering staff.

Feedback from patients' and a relative included the following comments:

- "I like it here."
- "I like my own company and can see people walking their dogs in the park from my window. The care I get is good."
- "I am very happy with the care provided. The staff are very good, always checking he is comfortable. I am sure my relative gets all the help he needs here."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- "The care is good. Our residents' choices are respected. I enjoy working here."
- "Team work is very good and rewarding. We have lots of training to be able to do our job and can ask for other subjects, I have requested more practical first aid training."
- "I have good support from the other nurses and the manager."
- "It is sad when a resident passes away, it is important that we offer and provide support to the families at this time, which I think they appreciate."

The inspector observed the serving of lunch in one of the dining rooms. The menu choices were displayed and patients' choices had been sought in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Music was playing in the background. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislikes. Staff assisted patients as required and independent eating was encouraged.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. One patient commented;

- "The food is good but I don't have much of an appetite and I'm not often hungry. I really like the pieces of fruit that they cut up for me - oranges sometimes and pineapple others."

A record of patients' food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-morning and mid-afternoon, patients were offered a range of hot and cold beverages and a selection of fresh fruit, cakes and biscuits.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

## Areas for improvement

No areas for improvement were identified during the inspection.

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector spoke with two patients about their experience of living in Hollywood Nursing Home.

Patients were complimentary about life in the home, they commented:

- “I am happy enough living here, my family visit regularly but after half an hour I can see they are getting bored. The staff can be busy at times but that’s to be expected with old people.”
- “Living here is ok.”

A relative spoken with during the inspection commented;

- “The home is good and xxx gets all the help and care he needs. The staff are good at popping in and out and checking he is comfortable. The staff are caring. Never had any problems, family could speak to any of the nurses or the manager if there were ever any problems and am confident it would be sorted out immediately.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.” Staff described how patients enjoyed the activity programme, especially the small group get-togethers and the weekly coffee mornings.

The inspector discussed the range of activities offered to patients with one of the recreation therapists, who described the variety of her work; from one to one conversation, reading groups, hand and nail care to larger group events with music and entertainment along with their weekly coffee mornings, which are enjoyed. It was good to note the variety of the programme to meet individual patients’ interests had been considered and incorporated into the weekly programme.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments were noted and logged that had been received by the home, examples included:

- ‘On behalf of the family, thank you to the entire staff team in Hollywood for the care, kindness and respect towards our relative whilst a resident.’
- ‘Many thanks to you all for the love, care and attention given to our relative whilst a resident at Hollywood.’

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There had been a change in management arrangements since the last inspection. The registered manager moved in October 2019, on a temporary basis, to another facility and the deputy manager is currently the acting manager. The acting manager is supported in this new role by the organisations senior management team and the registered manager as/when required.

A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and

the process for reporting adult safeguarding concerns. An adult safeguarding champion has been identified; the manager stated that they are in the process of collating the information for the adult safeguarding annual position report for 2019/20.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found that information relating to the investigation of the complaint, the actions taken and outcomes of the complaint are retained.

Monthly quality monitoring reports were reviewed for November and December 2019. These reports had been completed by regional support managers and were appropriately detailed in line with legislation. It was identified that a comprehensive action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate their representatives and other professionals. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good here; I find the training is good and the nurses and manager are very approachable.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

An area for improvement identified during the previous inspection is detailed in the QIP. Details of the QIP were discussed with Violeta Bote, acting manager and Roxana Mitrea, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44.14</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 September 2019</p>	<p>The registered person shall ensure that the provision made for patients who smoke does not impede on the comfort of other patients accommodated in the home.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Resident affected has agreed to move from his bedroom to a different part of the Home. Residents in the Mental Health Unit continue to be encouraged to smoke under the designated shelter.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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